

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		
O.I.P.E. CLASSIFIER		15	3/4/01
FORMALITY REVIEW	HL	1070	04/23/01
RESPONSE FORMALITY REVIEW	(H)	825	9/5/01

INDEX OF CLAIMS

Rejected
 Allowed
 (Through numeral) Canceled
 Restricted

H Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here
 (LEFT INSIDE)

10/20/01
 RFBP
 656
 11/11/01
 612
 9-24-01